



MEMBER OUT-OF-NETWORK REIMBURSEMENT REQUEST

In order to properly review and process your Out-Of-Network vision claim for reimbursement, please complete the following information (incomplete forms cannot be processed):

Group name _____

Employee's name _____

Employee's social security number _____

OR

Employee's ID number _____

Name of individual receiving service _____

Date of birth of individual receiving service _____

Mailing address for reimbursement _____

Please check all that apply (what services were provided):

- Exam
- Eyeglasses (lenses/frames)
- Contact Lens (exam/fitting fee)
- Contact Lenses

Please **submit** this completed form (via US MAIL ONLY AND WITHIN TWELVE (12) MONTHS FROM THE DATE OF SERVICE), along with the **ORIGINAL PAID** receipt(s), to:

Advantica EyeCare
3290 Pine Orchard Lane
Suite D
Ellicott City, MD 21042

Please allow thirty (30) days for processing. **CLAIMS RECEIVED THAT ARE DATED BEYOND TWELVE (12) MONTHS FROM THE DATE OF SERVICE WILL NOT BE PROCESSED.**

Should you have additional questions or require further assistance, please call Advantica EyeCare's Service Center toll free at 1-866-425-2323 and follow the prompts for "Member."

ADVANTICA EYECARE CORPORATE OFFICE

Arbor Shoreline Office Park - 19321-C US Highway 19 North - Suite 320 - Clearwater, FL 33764
Telephone: 727.538.7719 - Toll Free: 866.354.2020

SERVICE CENTER

3290 Pine Orchard Lane - Suite D - Ellicott City, MD 21042
Telephone: 410.418.4414 - Toll Free: 866.425.2323

Website: www.advanticaeyecare.com